

### **MONTHLY PLAN PREMIUMS**

Greatness grows here.

Medicare HMOs (Over 65)

Individuals and dependents all have Medicare Members must assign Medicare Parts A and B

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	Kaiser Permanente Senior Advantage			Health Net Seniority Plus	
	Traditional High Option Plan	Traditional Low Option Plan	Kaiser Northwest	High Option Plan	Low Option Plan
Retiree Only	\$278.47	\$202.77	\$391.85	\$772.18	\$616.83
Retiree + 1 Dependent	\$551.21	\$399.81	\$777.97	\$1,538.63	\$1,227.93

### **Medicare Coordinated Plans** (Over 65)

Individuals and dependents all have Medicare No assignment of Medicare required

	CMCP or CMCP Out-Of-Area	Anthem Blue Cross Medicare Advantage Standard PPO *	Health Net COB	Health Net PPO <sup>1</sup> Out-of-Area
Retiree Only	\$1,192.03	\$754.84	\$1,433.66	\$2,095.54
Retiree + 1 Dependent	\$2,379.95	\$1,503.95	\$2,861.60	\$4,185.34

<sup>\*</sup>New Plan Anthen Blue Cross 2024-2025.

## Non-Medicare Plans (Under 65)

Individuals and dependents all under age 65\*

	CMCP Or CMCP Out-Of- Area	Sutter Health Plus HMO	Kaiser Permanente California	Kaiser Northwest
Retiree Only	\$1,704.08	\$1,019.53	\$935.95	\$1,186.57
Retiree + Spouse	\$3,404.08	\$2,033.53	\$1,866.17	\$2,367.41
Retiree With Family	\$4,764.05	\$2,875.13	\$2,638.25	\$3,548.25

<sup>\*</sup>Anyone under the age of 65 who is eligible for Medicare must enroll in Parts A and B—this includes the CMCP plan. If eligible to enroll and the retiree does not enroll, claims will be paid as if enrolled in Medicare, reducing claims payments and increasing your out-of-pocket costs.

# **Blended Family Plans**

Families with Medicare and non-Medicare enrollees

Dictional Faithful France	СМСР	Kaiser Permanente		
	Over 65 and Under 65	Senior Advantage and Kaiser California		Kaiser Northwest
		High Option Plan	Low Option Plan*	Kaiser inorthwest
1 With and 1 Without Medicare	\$2,892.00	\$1,208.69	\$1,132.99	\$1,572.69
1 With and 2 Without Medicare	\$4,251.98	\$1,980.77	\$1,905.07	N/A

<sup>\*</sup>Blended low option only available if the retiree or subscriber has Medicare.

#### **Dental and Vision**

	United Healthcare Dental (DHMO Plan D125H)	Delta Dental (PPO Plan)	Vision Service Plan (VSP)
Retiree Only	\$18.21	\$42.63	\$5.88
Retiree + 1 Dependent	\$26.53	\$80.02	\$11.32
Retiree + Family	\$41.24	\$107.05	\$13.22